DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 02/24/2006

Provider Inspection Summary

For the period 01/01/2003 to 12/31/2005 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Facility Information

Facility Name: ANGELUS RETIREMENT COMMUNITY NEKOOSA (0010390)

Address: 145 CEDAR STREET, NEKOOSA, WI 54457

License Status: REGULAR

Licensed/Certified/Registered 06/01/2002

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Compliance

Verified

Corrected

Survey ID: 0095370 End Date: 08/15/2005 Type: ABBREVIATED Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009440 Served 08/20/2005

Deficiencies Cited Subject Area

89.23(4)(d)1 SERVICES

Survey ID: 0092283 End Date: 02/25/2004 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 06/27/2005 Date Investigation Completed: 08/15/2005

Subject Area(s) Result SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS NOT SUBSTANTIATED

Date Complaint Received: 12/01/2003 Date Investigation Completed: 02/25/2004

Subject Area(s) Result SOD #

HOMELIKE ENVIRONMENT & CLEANLINESS SUBSTANTIATED NOT RECORDED

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